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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

U.S. Patent Application of)
OONUMA et al.) Art Unit 2877
Application Number: 10/767,443) Examiner Fannie L. Evans
Filed: January 30, 2004)
For: ATOMIC ABSORPTION SPECTROPHOTOMETER)
Attorney Docket No. NITT.0181)

**Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231**

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	9	9	-XX (Over 20)	x \$50	0
Independent Claims	2	2	-XX (Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x 1/2	
			TOTAL		0.00

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

<input checked="" type="checkbox"/> Response to Office Action (with Claim Amendments)	<input type="checkbox"/> Petition for Extension of Time
<input type="checkbox"/> Substitute Specification	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Letter to Draftsperson
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Assignment
	<input type="checkbox"/> Other _____

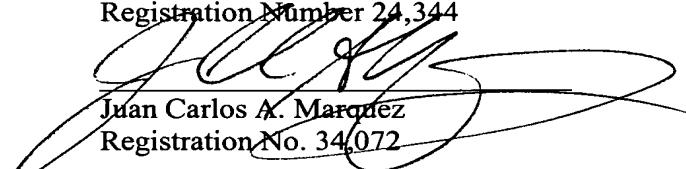
Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.

A check in the amount of **\$0.00** to cover the _____ fee is enclosed.

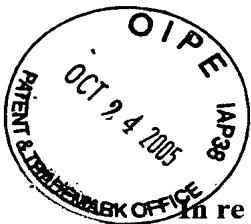
The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344


Juan Carlos A. Marquez
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REED SMITH LLP
3110 Fairview Park Drive
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October 24, 2005



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Examiner Fannie L. Evans

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RESPONSE AND AMENDMENT UNDER 37 C.F.R. § 1.111

Sir:

This is in response to the Office Action mailed on July 27, 2005, the period of response to which is set to expire on October 27, 2005. Please amend the above-referenced application as follows:

Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.

A check in the amount of **\$0.00** to cover the _____ fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

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